

in which haemoglobinopathies are common have been associated with faiths that do not find termination acceptable. For this reason informed consent from the mother for these tests must make it clear what these tests may lead to. Her beliefs must be respected even if this is expensive for society.

A final question to ponder is the message these screening programs give to those many individuals in our society who live with one of these haemoglobinopathies. The point has been eloquently put by the sociologist Shakespeare that a policy of termination of disabled fetuses gives the disabled in the community a strong, if unintended, message that they are not valued.⁴

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REFERENCES

1. Marteau T, Dormand E. Haemoglobinopathy screening: an end to institutional racism? *Br J Gen Pract* 2005; **55**: 419–420.
2. Thomas P, Oni L, Alli M, et al. Antenatal screening for haemoglobinopathies in primary care: a whole system participatory action research project. *Br J Gen Pract* 2005; **55**: 424–428.
3. Vernon G. Can there be a moral dialogue between doctor and patient? *Catholic Medical Quarterly* 2001; **51**(3): 5–11.
4. Shakespeare T. Choices and rights: Eugenics, genetics and disability equality. *Disability and Society* 1998; **13**: 665–681.

Steam inhalation treatment for children

Nasal inhalation of steam has been proposed as treatment of viral colds on the assumption that increased intranasal temperature will inhibit replication of rhinovirus.¹ Some clinical trials looking at the effect of inhalation of steam on rhinovirus infection have used machine-generated heated humidified air.² Most people at home use the old fashioned way of head over a bowl of steaming hot water.

During January 2005, three children were assessed in our burns unit following scalds with steam inhalation. All were under the age of 5 years. Two children had burns to the feet as a result of kicking the hot bowl of water. The other child had

burns to the chest as a result of water spilling from the bowl. The total body surface area of the burn ranged from 1–3% superficial partial thickness and none of them required hospital admission. The parents of all three children claimed they were advised by their GP to use steam inhalation for symptomatic relief.

There is insufficient evidence in the literature to support the use of steam inhalation as a treatment. A Cochrane review of the use of heated, humidified air for the common cold found only three trials demonstrated beneficial effects on the symptoms of the common cold.³ Other studies have shown steam inhalation has no effect on viral shedding as well as a failure to improve symptoms.^{2,4}

The number of scalds in children has risen over the last three decades according to a Welsh study.⁵ Scalds also remain the most frequent type of paediatric burn admissions in Denmark where majority are due to hot beverage spillage.⁶ Murphy *et al* have reported seven cases of burns needing admission, caused by steam inhalation treatment for the common cold. In their report, two of the parents claimed they were advised by their GP to use steam inhalation treatment.⁷ The patients in our series were fortunate not to have sustained more extensive burns. However the morbidity of the pain and distress, possibility of wound infection, parental anxiety and several trips to the dressing clinic can not be ignored.

Scalds from steam inhalation treatment are entirely avoidable. It is perhaps time to start discouraging patients from using this form of home remedy, as there appears to be no significant benefit from steam inhalation. GPs are in prime position to educate parents on how to care for their coryzal child and avoid the risky business of steam inhalation therapy.

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REFERENCES

1. Tyrrell D, Barrow I, Arthur J. Local hyperthermia

benefits natural and experimental common colds. *BMJ* 1989; **298**(6683): 1280–1283.

2. Hendley JO, Abbott RD, Beasley PP, Gwaltney JM, Jr. Effect of inhalation of hot humidified air on experimental rhinovirus infection. *JAMA* 1994; **271**(14): 1112–1113.
3. Singh M. Heated, humidified air for the common cold. *Cochrane Database Syst Rev* 2004(2): CD001728.
4. Forstall GJ, Macknin ML, Yen-Lieberman BR, Medendorp SV. Effect of inhaling heated vapour on symptoms of the common cold. *JAMA* 1994; **271**(14): 1109–1111.
5. Eadie PA, Williams R, Dickson WA. Thirty-five years of paediatric scalds: are lessons being learned? *Br J Plast Surg* 1995; **48**(2): 103–105.
6. Sheller JL, Thuesen B. Scalds in children caused by water from electrical kettles: effect of prevention through information. *Burns* 1998; **24**(5): 420–424.
7. Murphy SM, Murray D, Smith S, Orr DJ. Burns caused by steam inhalation for respiratory tract infections in children. *BMJ* 2004; **328**(7442): 757.

Hepatitis E and meat carcasses

I would like to report an interesting case of hepatitis. The patient is a 54-year-old butcher who presented in January with nausea and vomiting. On examination he was mildly jaundiced and reported dark urine. Biochemical profile confirmed jaundice with a bilirubin of 76 and an ALT of 560. The patient had had no recent foreign travel, no blood transfusion and no history of IV drug use. His only risk factor appeared to be his occupation. Discussion with a consultant medical microbiologist suggested testing for Hepatitis A, B, C and E plus other viral antigens. Hepatitis E IgG was present, while antibody tests for Hepatitis A, B and C were negative. The patient recovered after 6 weeks and his liver function tests have returned to normal.

Hepatitis E is prevalent in large parts of the world though it is uncommon in the UK. It is usually associated with contaminated water supplies but is known to occur in animals, particularly pigs. The patient spent much of his time butchering pork carcasses imported from the European Community and the Far East. It is likely he became infected while eating his lunch without appropriate handwashing. One other patient who worked as the same butcher's was found to have hepatitis E